PTO/SB/17 (09-11)
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|---|--|--------------|--------------------------------------|--|--------------------------|-----------------------------|
| | | | Application Nun | | 0/569,226-Co | |
| FEE TRANSMITTAL | | | | | lovember 13, 2006 | |
| | J.V 17 (_ | | First Named Inv | rentor H | liroki Tamaki | |
| | | | Examiner Name | Т | . W. Irvin | |
| Applicant claims small entity status. See 37 CFR 1,27 | | | Art Unit 3657 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 930.00 | | | Attorney Docket No. | | 062165 | |
| METHOD OF PAYMENT (che | eck all that apply) | | | | | |
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| FEE CALCULATION | | | | | | |
| 1. BASIC FILING, SEARCH, AND | | | | | | |
| | FILING FEES SEARCH FEES EXAMINATION FEES | | | | | |
| Application Type Fee | Small Entity (\$) Fee (\$) | Fee (\$ | Small Entity) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility 3 | 80 190 | 620 | 310 | 250 | 125 | |
| Design 2 | 50 125 | 120 | 60 | 160 | 80 | |
| Plant 2 | 50 125 | 380 | 190 | 200 | 100 | |
| Reissue 3 | 80 190 | 620 | 310 | 750 | 375 | |
| Provisional 2 | 50 125 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | Fee (| Small Entity S) Fee (\$) |
| Fee Description Each claim over 20 (including Re | | | 60 | 30 | | |
| Each independent claim over 3 (i | | | 250 | | | |
| Multiple dependent claims | neraumg remoueu) | | | | 450 | |
| Total Claims Extra Cla | • | | | ee Paid (\$) Multiple Dependent Claims | | |
| | | | | | (\$) E | ee Paid (\$) |
| HP = highest number of total claims pair | d for, if greater than 20. | | | | | |
| Indep. Claims Extra Cla | ims Fee (\$) | Fe | e Paid (\$) | | | |
| 1 -3 or HP = 0 HP = highest number of independent cla | x = | an 3 | | | | |
| 3. APPLICATION SIZE FEE | ano para ior, a greater are | 211 0. | | | | |
| If the specification and drawing | s exceed 100 sheets | of paner | (excluding electr | onically file | d sequence or o | computer |
| listings under 37 CFR 1.52(e | | | | | | |
| sheets or fraction thereof. Se | e 35 U.S.C. 41(a)(1) | (G) and | 37 CFR 1.16(s). | | | |
| Total Sheets Extra Sh | | | dditional 50 or fra | | | Fee Paid (\$) |
| | /50 = | | (round up to a who | ole number) > | · · | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) | | | | | | |
| Other (e.g., late filing surchar | | | | tion (RCE) | (see 37 | 930.00 |
| SUBMITTED BY | | | | | | |
| Signature /William M. Sc | hertler/ | | Registration No. (Attorney/Agent) | 35,348 | Telephone | (202) 822-1100 |
| Name (Print/Tune) William M. Sch | and an | | (amount of the second | | Date N | ovember 17, 2011 |